## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450

			or <u>Fax</u> (5	71)-273-2885				
INSTRUCTIONS: This for appropriate. All further or indicated unless corrected maintenance fee notification.	form should be used for orrespondence including below or directed other ons.	r transmitting the ISSU g the Patent, advance or crwise in Block 1, by (a	E FEE and PUBLICA ders and notification of ) specifying a new corr	FION FEE (if requi maintenance fees we espondence address;	red). Bloc vill be mai and/or (b	ks 1 through 5 should to the current condicating a separate	ould be completed where orrespondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
			Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
San Francisco, CA	A 94111-4007	Γ				(Depositor's name)		
			-				(Signature)	
							(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTO	R ATTOI		EY DOCKET NO.	CONFIRMATION NO.	
10/656,438 09/05/2		Edward J. Sepp		VM7010742001		7010742001	8465	
TITLE OF INVENTION:	RADIATION PROCES	S AND APPARATUS						
APPLN, TYPE	' SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0		\$1700	09/28/2007	
EXAM	INER	ART UNIT	CLASS-SUBCLASS					
THOMAS, COURTNEY D		2882	378-065000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up or agents OR, altern (2) the name of a si registered attorney	1. For printing on the patent front page, list 1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is isted, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DAT.	A TO BE PRINTED ON	THE PATENT (print or	type)			was the bear filed for	
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NC	e data will appear on the DT a substitute for filing (B) RESIDENCE: (C	e patent. If an assig an assignment.	nee is ide	ntified below, the d	ocument has been filed for	
Varian Medica		Palo Alto, California						
		r categories (will not be p		Individual 🛚	Corporatio	n or other private gr	oup entity Government	
4a. The following fee(s)  X Issue Fee	are submitted:	<ul> <li>4b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-404/ (enclose an extra copy of this form).</li> </ul>						
5. Change in Entity Sta	COLUMN TO THE PROPERTY AS	C 27 CED 1 27	☐ b. Applicant is no	longer claiming SM	ALL ENT	ITY status. See 37 C	CFR 1.27(g)(2).	
NOTE: The Issue Fee an interest as shown by the	nd Publication Fee (if re records of the United S	quired) will not be acceptates Patent and Tradema	ted from anyone other tl rk Office.	nan the applicant; a re	egistered a	ttorney or agent; or t	the assignee or other party i	
Authorized Signature		rel C	2e_	Date		ember 26, 51,541		
Typed or printed nar				Registration				
This collection of inform	mation is required by 37	CFR 1.311. The informa	tion is required to obtain	or retain a benefit b	y the publ	to complete includ	nd by the USPTO to process	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.